

10F 1

304	SHIP FROM COMPANY NAME (JOEC) 11 SHIP FROM ADDR1 (JOEC) LONG ISLAND CITY NY 11101
306	SHIP TO: <b>ARS</b> SHIP TO ATTN NAME (VENDOR) (333) 656-7337 9339
308	SHIP TO COMPANY NAME (VENDOR) US SHIP TO ADDR2 (VENDER) US SHIP TO ADDR3 (VENDOR) 33 SHIP TO ADDR1 (VENDOR) ATLANTA GA 30346
310	GA 300 9-03 
312	UPS NEXT DAY AIR TRACKING# 12 FOO 100 84 9006 7972
314	1
316	
302	BILLING: P/P DESC: Merchandise DescriptionText AUTHORIZED RETURN SERVICE RMA:abcdefg
RETURN SHIPPING LABEL	



300

**Input RMA Information**

Company:	RMA Type:	Standard 
Attention:	RMA Number	
Address 1:	Country:	United States 
Address 2:	Phone:	
Address 3:	Recipient's Email:	
City:	Weight:	
State:	Destination	DEMO 
Postal Code:	Shipping Method:	Ground 
<input type="button" value="Insert Record"/>		
<input type="checkbox" value="Show me the label"/> Show me the label		

412  
410

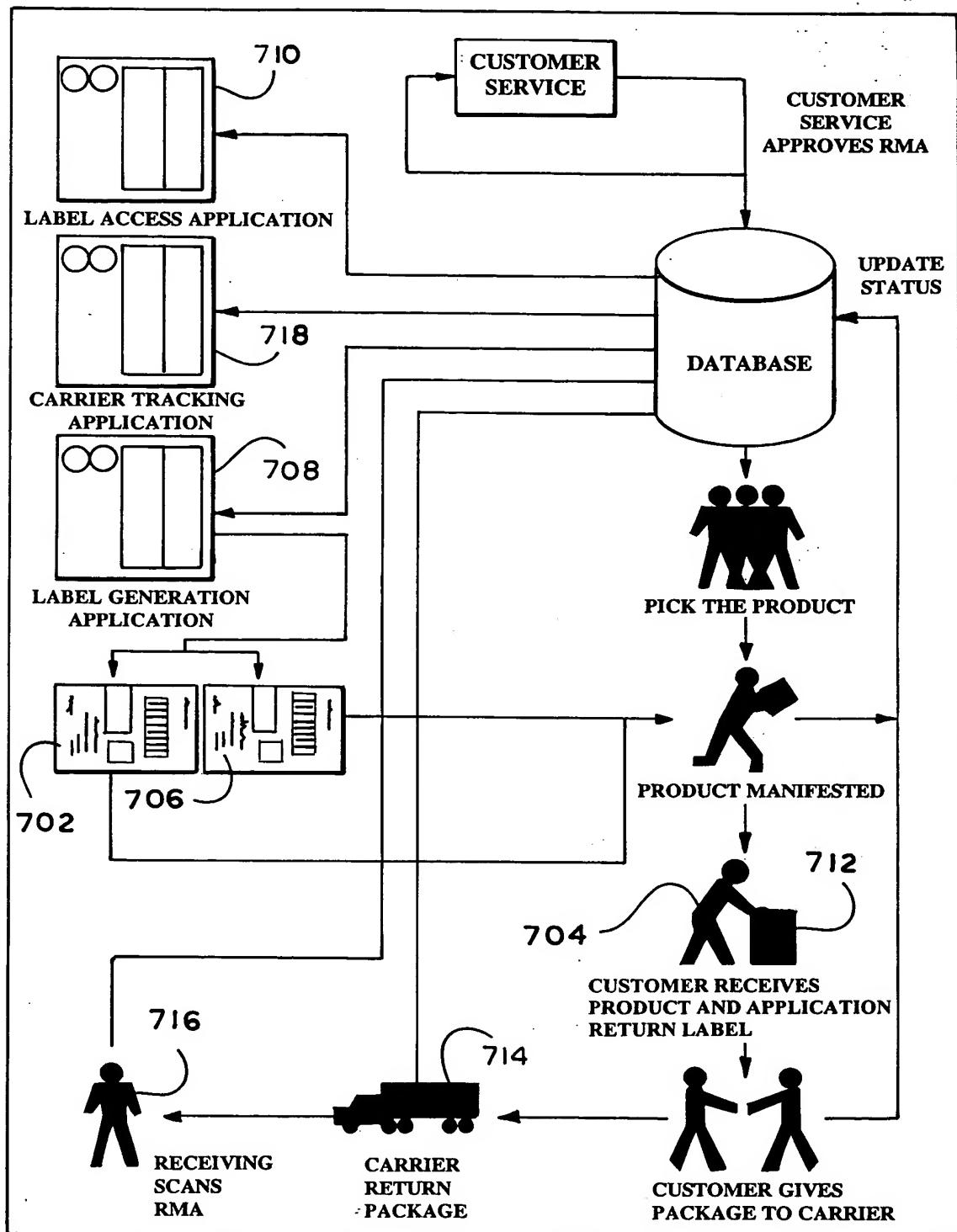


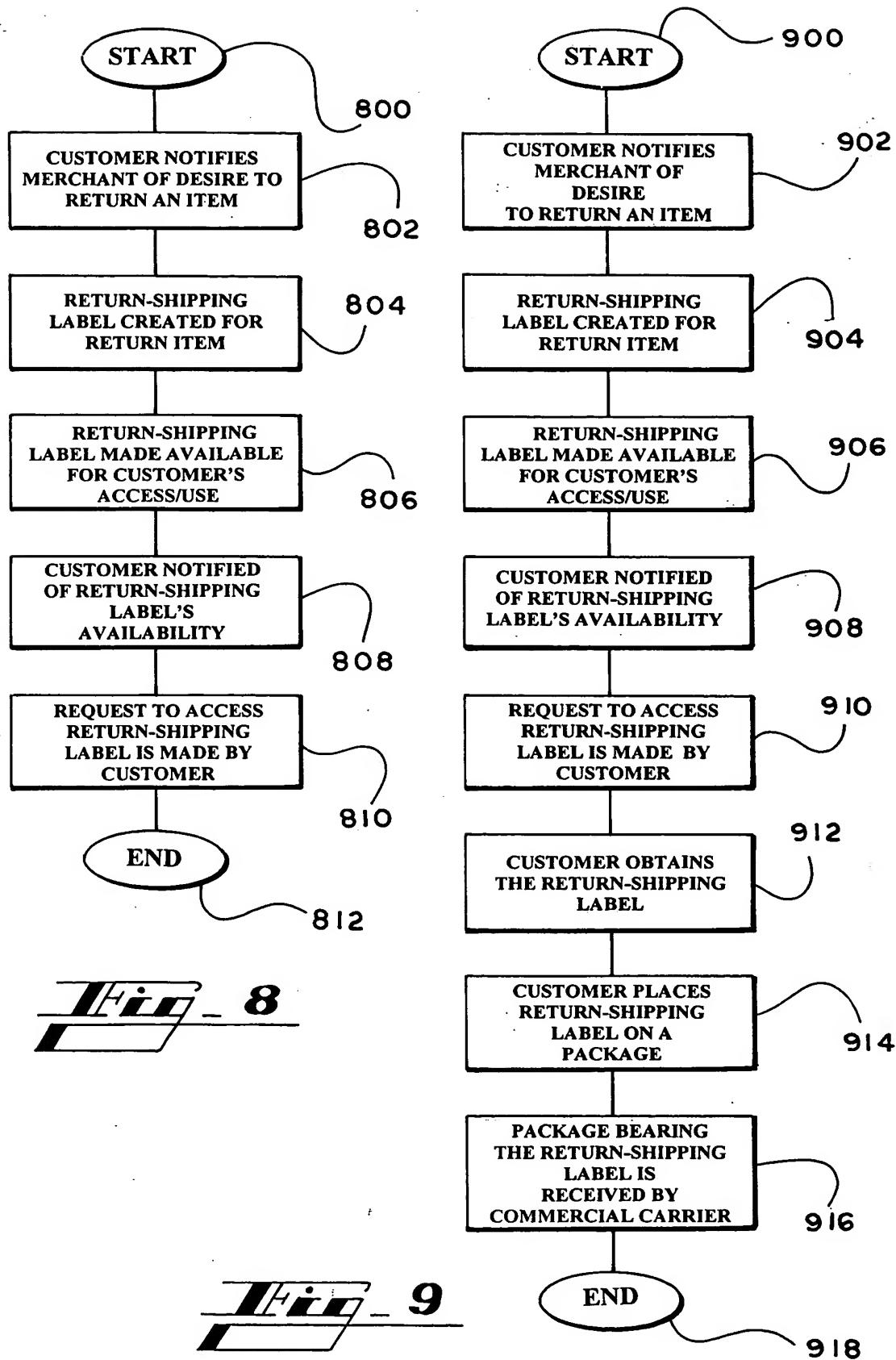
Destination Listing					
Add a Destination					
Facility ID	Name	Attention	Address 1	Address 2	
Address 3	City	State	Postal Code	County	Phone
DEMO CENTER	DEMO MANN	23 MAIN			Edit
PORTLAND	OR	97217	US		5035551212
Forest	XYZ Co.	RMA Return	27700 SW Parkway Ave		Edit
Wilsonville	OR	12345	US		800-555-6400

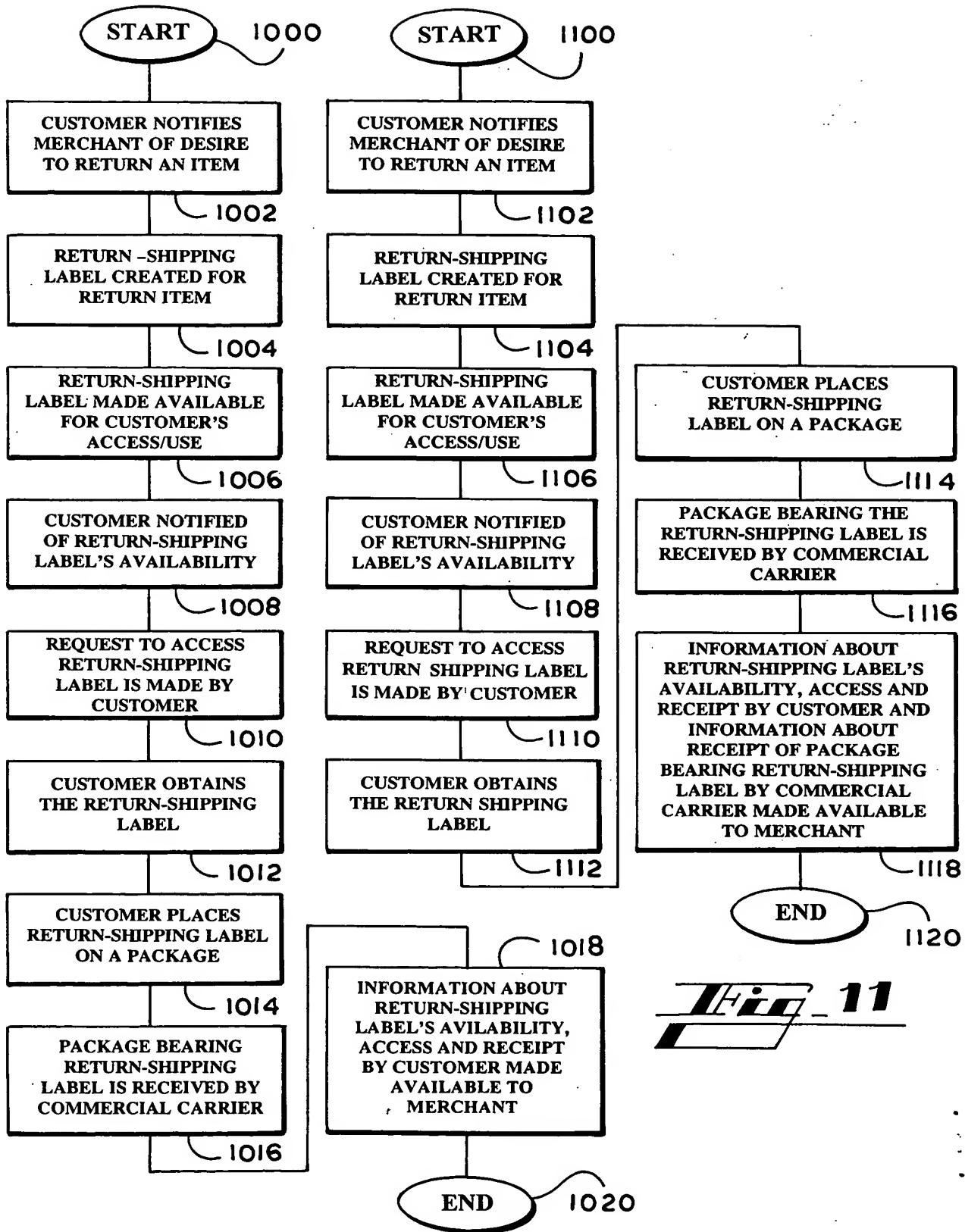
*Hin - 5*

602	604	608	606	610
Enter RMA: <input type="text"/>	<input type="button" value="Find RMA"/>	Report Configuration	Label Retrieved But Not Sent Product In Transit Product Delivered	Sort By: RMA Number
Status Selections:	(22) <input checked="" type="checkbox"/>	(73) <input type="checkbox"/>	(29) <input type="checkbox"/>	<input type="checkbox"/>
Label Not Retrieved	Product In Transit	(140) <input type="checkbox"/>	Sort By: RMA Number	Sort By: RMA Number
Created On <input checked="" type="checkbox"/>	Between: <input type="text" value="3"/> <input checked="" type="checkbox"/> <input type="text" value="25"/> <input checked="" type="checkbox"/> And: <input type="text" value="4"/> <input checked="" type="checkbox"/> <input type="text" value="25"/> <input checked="" type="checkbox"/>	2003 <input checked="" type="checkbox"/>	All Dates <input type="checkbox"/>	Sort By: RMA Number
		<input type="checkbox"/>		Show Report
				618
				610
				612

*Hin - 6*







*Fig - 10*

*Fig - 11*